



COMMONWEALTH OF VIRGINIA
DEPARTMENT OF MINES, MINERALS AND ENERGY
DIVISION OF MINED LAND RECLAMATION
P. O. DRAWER 900; BIG STONE GAP, VA 24219
TELEPHONE: (276) 523-8100

Department of Mines
Minerals and Energy

Permit No: (DMLR use only)	1102023
Bond Applied To: (DMLR use only)	Replacement
Bond No:	1137431

MAR 24 2016

SURETY BOND

Customer Assistance Center

KNOW ALL MEN BY THESE PRESENTS, THAT THE UNDERSIGNED

HAROLD KEENE COAL COMPANY, INC.

(hereafter **PRINCIPAL**),

whose principal place of business is **P. O. Box 70, Vansant, VA 24656**

and who does business as a [CHECK ONE ONLY]: ☒ Corporation; ☐ Limited Partnership;
☐ Limited Liability Company; ☐ Partnership; or ☐ Sole Proprietorship, acting herein as **PRINCIPAL**, and

Lexon Insurance Company
(hereafter **SURETY**),

whose principal business address is **10002 Shelbyville Road, Suite 100, Louisville, KY 40223**
and who was organized and is existing under the laws of the State of **Texas**
and licensed to write and perform surety business in the Commonwealth of Virginia, are held and firmly bound unto the

COMMONWEALTH OF VIRGINIA,
DIRECTOR, DIVISION OF MINED LAND RECLAMATION
(hereafter **OBLIGEE**),

in the sum of **Seven Hundred Ninety-Five Thousand Hundred and 00/100**
(\$ **795,000.00**) Dollars for the payment of which sum the **PRINCIPAL** and **SURETY** bind
themselves, their heirs, executors, administrators, successors, and assigns, jointly and severally, firmly by these
presents.

THE CONDITION OF THE ABOVE OBLIGATION is such that:

WHEREAS, the **PRINCIPAL** proposes to commence coal surface mining to be known as
Pine Creek Surface Mine #2

in **Russell** County(ies) of Virginia; and,

Exhibit A

Department of Mines
Minerals and Energy

MAR 24 2013

Customer Assistance Center

Permit No: (DMLR use only)	1102023
Bond No:	1137431

WHEREAS, the above-named **PRINCIPAL** has submitted [CHECK ONE ONLY]:

Permit Application Number X Permit Number 1102023 including a mining and reclamation plan, to conduct and reclaim a surface coal mining operation, as defined pursuant to the **VIRGINIA COAL SURFACE MINING CONTROL AND RECLAMATION ACT** (hereafter **ACT**), as amended, with its attendant regulations; and,

WHEREAS, the **PRINCIPAL** has chosen to file this performance bond as a guarantee that the reclamation of the land disturbed during this surface mining operation will be completed as required by the **ACT**, its attendant regulations, and as specified in the permit as issued; and,

WHEREAS, the **SURETY**, and their successors and assigns agree to guarantee the obligation and to indemnify, defend, and hold harmless **OBLIGEE** from any and all losses and expenses which **OBLIGEE** may sustain as a result of the **PRINCIPAL'S** failure to comply with the condition of the obligation;

WHEREAS, obligations guaranteed by this performance bond shall be in effect for the following described lands approved as the permit area or increment upon which initial or succeeding operations will be conducted:

Pine Creek Surface Mine #2

NOW, if the **PRINCIPAL** faithfully completes all reclamation and abatement requirements set forth in the **ACT** and its Permit issued in reliance on this Surety Bond, including the mining and reclamation plan, then this obligation shall be void; otherwise, it shall remain in full force and effect beginning on the date of the approval and issuance of [CHECK ONE ONLY]:

Permit Application Number X Permit Number 1102023 pursuant to the **ACT** and continue until:

(a) the permit has been completed to the satisfaction of the **OBLIGEE**, or

(b) the bond is released pursuant to the **ACT**, or

(c) in the event neither (a) or (b) above applies, for a minimum period of five (5) years for a general permit or two (2) years for an approved plan for remining. This shall be the minimum period of extended responsibility unless the bond is replaced in accordance with the **ACT**, or unless the permit has been sold, reassigned, or otherwise transferred in accordance with the **ACT**. It shall be further understood that if the **PRINCIPAL** performs any augmented seeding, fertilization, or other supplemental reclamation work on the site prior to bond release, the period of liability under this bond shall begin again subject to the exception found in the **ACT**

The failure of the **PRINCIPAL** to fulfill the obligations specified by the **ACT** and its permit shall result in a forfeiture of this performance bond according to the procedures described in the **ACT**.

The **SURETY** shall not cancel this bond at any time for any reason, including non-payment of premium or bankruptcy of the **PRINCIPAL** during the period of liability. The amount of the **SURETY'S** liability may be adjusted by the **OBLIGEE** pursuant to the **ACT** for lands covered by this bond.

The **SURETY** shall give prompt notice to the **PRINCIPAL** and to the **OBLIGEE** of any notice received or action filed alleging the insolvency or bankruptcy of the **SURETY** or of the **PRINCIPAL**, or alleging any violations or regulatory requirements which could result in suspension or revocation of the **SURETY'S** license to do business.

Permit No: (DMLR use only)	1102023
Bond No:	1137431

In the event the **SURETY** becomes unable to fulfill its obligations under the bond for any reason, notice shall be given immediately to the **PRINCIPAL** and to the **OBLIGEE**. Any proceeding, legal or equitable, under this bond must be instituted in a Virginia court of competent jurisdiction and shall be governed by the laws of the Commonwealth of Virginia.

Upon the incapacity of the **SURETY** by reason of bankruptcy, insolvency, or suspension or revocation of its license, the **PRINCIPAL** shall be deemed to be without bond coverage in violation of the **ACT** and subject to enforcement actions described in the **ACT**.

MAR 24 2016

I. BY COMPANY/PRINCIPAL:

Customer Assistance Center

HAROLD KEENE COAL COMPANY, INC. (SEAL) By: _____
Company /Principal

[Signature]
Company/Principal Official

VICE PRESIDENT & CONTROLLER
Title

MARCH 23, 2016
Date

Subscribed and sworn/affirmed to before me by

ALLISON S. LAVAS

this 23rd day of March 20 16, in the State of Illinois

in the City/County of DeWitt

Rita M. Slager
Notary Public Name (printed or typed)

[Signature] (Seal)
Notary Public Signature¹

My Commission expires

09/04/2017

Registration No. N/A



¹ Pursuant to §47.1-15(3) of the Code of Virginia, as amended, the notarial certificate wording must be contained on the same page as the signature being notarized.

Department of Mines
Minerals and Energy

MAR 24 2016

Customer Assistance Center

Permit No: (DMLR use only)	1102023
Bond No:	1137431

II. BY SURETY: Attach copy bearing seal of Power of Attorney or documentation supporting Corporate Officer's authority to issue surety bond.

Lexon Insurance Company (SEAL) By: Brook T. Smith
Surety Name Attorney-in-Fact

March 8, 2016 Brook T. Smith
Date Attorney-in-Fact Name (printed or typed)

**AFFIDAVIT AND ACKNOWLEDGEMENT OF ATTORNEY-IN-FACT
COMMONWEALTH OF VIRGINIA**

(or, alternatively, Commonwealth or State of Kentucky
CITY/COUNTY OF Louisville/Jefferson, to wit:

I, the undersigned notary public, do certify that Brook T. Smith
personally appeared before me in the jurisdiction aforesaid and made oath that he/she is the
attorney-in-fact of Lexon Insurance Company

the Surety, that he/she is duly authorized to execute on its behalf the foregoing Bond pursuant to the attached Power of Attorney, and on behalf of said Surety acknowledged the aforesaid Bond(s) as its act and deed.

Given under my hand this 8th day of March, 20 16

Sandra L. Fusinetti
Notary Public Name (printed or typed)

Sandra L. Fusinetti (SEAL)
Notary Public Signature

My Commission expires: February 13, 2020 Registration No. 549253

Permit No: (DMLR use only)	1102023
Bond No:	1137431


- III. BY ISSUING AGENT:**
- 1. Attach copy of Agency License and Appointment Card from the Virginia Bureau of Insurance.**
 - 2. Attach copy of Agent's License and Appointment Card from the Virginia Bureau of Insurance.**

Insurance Agency Issuing Surety Bond (provide the following information):

Agency name: Acrisure LLC dba Smith Manus
Agency address: 2307 River Road, Suite 200, Louisville, KY 40206
Authorized agent: Brook T. Smith
Authorized agent address: 2307 River Road, Suite 200, Louisville, KY 40206
Office telephone number: 502-636-9191

IV. DIVISION APPROVAL:

ACCEPTED:


Division of Mined Land Reclamation

Date:

3/24/10

Department of Mines
Minerals and Energy

MAR 24 2010

Customer Assistance Center

LX- 270823

Lexon Insurance Company

KNOW ALL MEN BY THESE PRESENTS, that **LEXON INSURANCE COMPANY**, a Texas Corporation, with its principal office in Louisville, Kentucky, does hereby constitute and appoint: Brook T. Smith, Raymond M. Hundley, Jason D. Cromwell, James H. Martin, Barbara Duncan, Sandra L. Fusinetti, Mark A. Guidry, Jill Kemp, Lynnette Long, Amy Meredith, Deborah Neichter, Jessica Nowlin, Theresa Pickerrell, Sheryon Quinn, Bonnie J. Wortham, Beth Frymire its true and lawful Attorney(s)-In-Fact to make, execute, seal and deliver for, and on its behalf as surety, any and all bonds, undertakings or other writings obligatory in nature of a bond.

This authority is made under and by the authority of a resolution which was passed by the Board of Directors of **LEXON INSURANCE COMPANY** on the 1st day of July, 2003 as follows:

Resolved, that the President of the Company is hereby authorized to appoint and empower any representative of the Company or other person or persons as Attorney-In-Fact to execute on behalf of the Company any bonds, undertakings, policies, contracts of indemnity or other writings obligatory in nature of a bond not to exceed \$5,000,000.00, Five Million dollars, which the Company might execute through its duly elected officers, and affix the seal of the Company thereto. Any said execution of such documents by an Attorney-In-Fact shall be as binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company. Any Attorney-In-Fact, so appointed, may be removed for good cause and the authority so granted may be revoked as specified in the Power of Attorney.

Resolved, that the signature of the President and the seal of the Company may be affixed by facsimile on any power of attorney granted, and the signature of the Assistant Secretary, and the seal of the Company may be affixed by facsimile to any certificate of any such power and any such power or certificate bearing such facsimile signature and seal shall be valid and binding on the Company. Any such power so executed and sealed and certificate so executed and sealed shall, with respect to any bond of undertaking to which it is attached, continue to be valid and binding on the Company.

IN WITNESS THEREOF, **LEXON INSURANCE COMPANY** has caused this instrument to be signed by its President, and its Corporate Seal to be affixed this 5th day of August, 2015.



Department of Mines
Minerals and Energy

Customer Assistance Center

LEXON INSURANCE COMPANY

BY

David E. Campbell
President

ACKNOWLEDGEMENT

On this 5th day of August, 2015, before me, personally came David E. Campbell to me known, who be duly sworn, did depose and say that he is the President of **LEXON INSURANCE COMPANY**, the corporation described in and which executed the above instrument; that he executed said instrument on behalf of the corporation by authority of his office under the By-laws of said corporation.



AMY TAYLOR
Notary Public- State of Tennessee
Davidson County
My Commission Expires 07-08-19

BY

Amy Taylor
Notary Public

CERTIFICATE

I, the undersigned, Assistant Secretary of **LEXON INSURANCE COMPANY**, A Texas Insurance Company, DO HEREBY CERTIFY that the original Power of Attorney of which the forgoing is a true and correct copy, is in full force and effect and has not been revoked and the resolutions as set forth are now in force.

Signed and Seal at Mount Juliet, Tennessee this 8th Day of March, 20 16.



BY

Andrew Smith
Assistant Secretary

Department of Mines
Minerals and Energy

MAR 24 2015

Customer Assistance Center



ACRISURE

8/1/2014

RE: Consolidation of SMA Surety, Inc. (Smith Manus) to Acrisure, LLC ("Acrisure")

Greetings,

Over the last couple of years, Acrisure has acquired majority ownership in a number of agencies across the country. It is a unique model, in that operational control and branding remain with the respective agencies after the acquisition occurs. We are proud to announce that on August 1, 2014 Acrisure acquired SMA Surety, Inc.

What this change means for you:

What's changing: SMA Surety, Inc. will now use Acrisure, LLC's tax identification number and license(s). All contracts should be in the name of Acrisure. If a contract is already in place for Acrisure, Smith Manus's code should be re-assigned under Acrisure's master code.

What's not changing: SMA Surety, Inc. (Smith Manus) operations will essentially remain the same and will continue to do business under the existing name. All policies, bonds, forms, POAs, seals, reports and correspondence should remain in the Smith Manus name.

Prior to August 1, 2014		After August 1, 2014
SMA Surety, Inc.	Legal Name	Acrisure, LLC
<ul style="list-style-type: none"> • Smith Manus • Smith-Manus • Smith Manus Surety Bonds • SMA Surety 	Operating Name	<ul style="list-style-type: none"> • Smith Manus • Smith-Manus • Smith Manus Surety Bonds • SMA Surety
61-1372649	FEIN	26-3554645
2307 River Rd Suite 200 Louisville, KY 40206	Address	2307 River Rd Suite 200 Louisville, KY 40206

Thank you for your cooperation in this matter. If you have further questions, or need to have additional paperwork, please contact Trish Partin at 800-748-0351, extension 418 or email at tpartin@acrisure.com.

We are very excited and optimistic about the opportunities that lie ahead, and look forward to growing with our insurance and surety partners.

Regards,

Brook T. Smith
President
SMA Surety, Inc.

Andrew Schutt
VP of Sales
Acrisure, LLC

Compliance Express™

Page 1 of 2



COMMONWEALTH OF
VIRGINIA
BUREAU OF INSURANCE

JACQUELINE K. CUNNINGHAM
COMMISSIONER OF INSURANCE
STATE CORPORATION
COMMISSION
BUREAU OF INSURANCE
P.O. BOX 1157
RICHMOND, VIRGINIA 23218
TELEPHONE: (804) 371-9631
TDD/VOICE: (804) 371-9206
www.scc.virginia.gov/boi

Licensees shall report to the Bureau within 30 days any change in residence at www.scc.virginia.gov/boi/online.aspx

A producer licensee is entitled to be appointed as an agent to transact the business of insurance on behalf of Virginia licensed insurers pursuant to Title 38.2 of the Code of Virginia.

This license is perpetual and is in effect from its issue date unless surrendered, terminated, suspended, revoked or an expiration date is noted.

Nonresidents only: This license is limited to the authority granted by the licensee's home state.

Producer

Health , Life & Annuities , Property & Casualty

ACRISURE LLC

PO BOX 1788

GRAND RAPIDS , MI 49501-1788

Department of Mines
Minerals and Energy

MAR 24 2013

Customer Assistance Center


is authorized to transact business as described above

License No: 126043

Issue Date: 04-07-2009

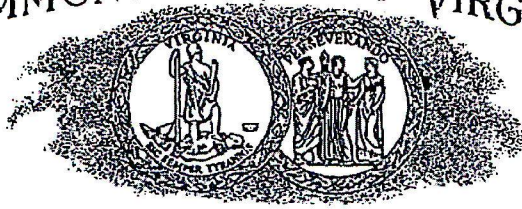
Expiration Date:

Generated by Sircon 91663653

<p>COMMONWEALTH OF VIRGINIA BUREAU OF INSURANCE THIS IS TO CERTIFY THAT</p> <p>ACRISURE LLC PO BOX 1788 , GRAND RAPIDS , MI 49501-1788</p> <p>LICENSE NUMBER: 126043</p>	 <p>IS HEREBY AUTHORIZED TO TRANSACT BUSINESS IN ACCORDANCE TO THE LICENSE DESCRIPTION SHOWN BELOW:</p> <p>Producer Health , Life & Annuities , Property & Casualty</p> <p>Issue Date: 04-07-2009 Generated by Sircon 91663653 Expiration Date:</p>
---	---

COMMONWEALTH OF VIRGINIA

ALFRED W. GROSS
COMMISSIONER OF INSURANCE
STATE CORPORATION COMMISSION
BUREAU OF INSURANCE



P.O. BOX 1157
RICHMOND, VIRGINIA 23218
TELEPHONE: (804) 371-9631
TDD/VOICE: (804) 371-9206
<http://www.state.va.us/sc>

August 6, 1997

Department of Mines
Minerals and Energy

BROOK THOMAS SMITH
19 POPLAR HILL RD
LOUISVILLE KY 40207

SEP 24 2003

Customer Assistance Center

NONRESIDENT LICENSE

PROPERTY AND CASUALTY INSURANCE

This is to certify that the above-named agent has been granted this license to sell, solicit and negotiate property and casualty insurance as defined in Sections 38.2-110 through 38.2-122.1 and 38.2-124 through 38.2-134, BUT LIMITED TO THE AUTHORITY GRANTED BY THE AGENT'S HOME STATE, under the provisions of Article 3, Chapter 18, Title 38.2 of the Code of Virginia, and is entitled to be appointed as an agent to transact the business of insurance on behalf of insurers licensed to issue such coverage in the Commonwealth of Virginia pursuant to Chapter 10 of Title 38.2 of the Code of Virginia.

This license shall be effective from its date of issue, and shall remain in effect until surrendered, terminated, canceled, suspended, or revoked.

Licensee is currently in compliance with all applicable Virginia Continuing Education requirements through December 31, 2004.

ID: 400-19-9448
DUPLICATE

License Type: 030

Printed: September 9, 2004

Commissioner of Insurance

KEEP THIS CARD IN YOUR POSSESSION
TOP STRIP MAY BE REMOVED

← FOLD ALONG THIS PERF

PART A

COMMONWEALTH of VIRGINIA
STATE CORPORATION COMMISSION BUREAU OF INSURANCE

APPOINTMENT NUMBER: 400199448-13307 CODE: PC DATE APPOINTED: 07-09-03

COMPANY NAME: LEXON INSURANCE COMPANY

BEING DULY LICENSED TO TRANSACT THE BUSINESS OF INSURANCE IN THE COMMONWEALTH OF VIRGINIA HAS APPOINTED AS ITS AGENT:
BROOK THOMAS SMITH

ACKNOWLEDGMENT OF APPOINTMENT

PART B

BUREAU OF INSURANCE
P.O. BOX 1157, RICHMOND, VIRGINIA 23218

APPOINTMENT NUMBER: 400199448-13307 CODE: PC DATE APPOINTED: 07-09-03

COMPANY NAME: LEXON INSURANCE COMPANY

AGENT'S HOME AND ADDRESS:
BROOK THOMAS SMITH
19 POPLAR HILL RD
LOUISVILLE, KY 40207

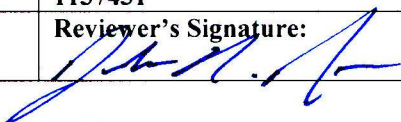
ACKNOWLEDGMENT OF APPOINTMENT

Department of Mines
Minerals and Energy

17324743

Customer Assistance Center

SURETY BOND APPROVAL CHECKLIST

APPLICANT:	Harold Keene Coal Company, Inc.	Permit Number: 1102023	Application Number
REVIEW DATE:	March 21, 2016	Bond Number: 1137431	
REVIEWER:	Joshua R. Norris	Reviewer's Signature: 	
SURETY:	Lexon Insurance Company 10002 Shelbyville Road, Suite 100 Louisville, KY 40223	DMME/DMLR Office Files	
AGENT:	Brook T. Smith 2307 River Road, Suite 200 Louisville, KY 40206 502-636-9191	Agency: Acrisure LLC dba Smith Manus 2307 River Road, Suite 200 Louisville, KY 40206 502-636-9191	

The following requirements have been met as indicated:

1. Page No. 1	
Y	The company/principal name matches the permit application and are consistent throughout the document.
Y	The address is correct/consistent with the permit application.
Y	The legal structure checked (LLC, Corp., etc) is correct and consistent with the permit application.
Y	The bond number is consistent on each page of the surety bond form.
Y	The correct surety bond form has been submitted (DMLR-PT-013 REV 008/07)
Y	The surety company listed is consistent throughout the document. (See additional surety company verifications below).
2. The Surety Company	

The Company is licensed to transact fidelity and surety business in the Commonwealth of Virginia. (SCC's Bureau of Insurance 804-371-9186—) <http://www.scc.virginia.gov/boi/cons/fin/findata.aspx>

Licensed License No Company Name Admitted Assets Liabilities Surplus Including Capital

DMME/DMLR Office Files

State Corporation Commission - Bureau of Insurance
Financial Regulation
2014 Financial Data for Foreign Property and Casualty Insurers

Company No.	Company Name	Admitted Assets	Liabilities	Surplus	Net Premiums Written	Premiums Earned	Losses Incurred	Loss Expenses Incurred	Net U/W Gain
11592	International Fidelity Ins Co	210,141,849	126,234,737	83,907,112	107,556,338	106,958,247	15,209,288	7,724,389	98,999
10749	Intrepid Ins Co	33,375,067	4,167,796	29,207,271	0	0	-8,473	-8	-222,106
23647	Ironshore Ind Inc	347,414,611	190,811,131	156,603,481	61,928,931	58,758,475	36,409,945	11,134,598	-4,680,569
11630	Jefferson Ins Co	66,911,983	21,480,405	45,431,578	75,517,793	73,631,343	22,606,838	1,206,102	9,430,218
14354	Jewelers Mut Ins Co	338,736,201	131,021,136	207,715,065	154,017,539	148,944,805	56,752,086	9,091,447	17,514,470
36781	John Deere Ins Co	380,518,120	273,021,741	107,496,379	146,140,345	147,794,947	134,212,444	12,668,645	-30,390,113
10914	Kemper Independence Ins Co	93,421,211	84,502,288	8,918,923	0	0	0	0	0
10885	Key Risk Ins Co	50,170,643	20,725,264	29,445,379	0	0	0	0	0
12199	Keystone Natl Ins Co	14,761,399	6,061,626	8,699,773	1,581,525	1,427,713	710,275	142,010	-18,608
13722	Knightbrook Ins Co	213,511,965	155,777,003	57,734,962	35,129,874	34,463,109	34,312,366	5,813,062	-17,592,132
38148	Lancer Ind Co	23,036,028	12,665,864	10,370,164	8,460,466	6,335,345	3,903,032	694,642	-716,691
26077	Lancer Ins Co	574,972,414	385,493,236	189,479,178	242,516,095	231,854,190	117,039,532	40,419,876	3,146,987
37109	Landcar Cas Co	35,934,951	18,360,273	17,574,678	9,930,703	6,035,777	2,417,742	119,516	2,675,032
37800	Leading Ins Grp Ins Co Ltd	228,565,074	193,413,755	35,151,319	50,462,222	70,707,588	95,034,941	21,482,940	-76,347,615
37940	Lexington Natl Ins Corp	55,314,339	39,718,755	15,595,584	12,085,751	12,671,367	-248,464	0	3,919,824
13307	Lexon Ins Co	161,709,369	109,195,915	52,513,454	61,989,686	56,445,195	8,447,852	5,519,888	-1,145,890
42404	Liberty Ins Corp	232,041,001	8,797,185	223,243,816	0	0	0	0	0
19917	Liberty Ins Underwriters Inc	174,395,985	51,496,582	122,899,403	0	0	0	0	0

June 01, 2015

Page 28 of 53

Y

Y Surety name is identical to name appearing in the SCC's Fidelity & Surety Report.

Y The Surety has a minimum of \$4 million in net worth (surplus).

Company is listed on the US Dept of Treasury Circular 570.
https://www.fiscal.treasury.gov/fsreports/ref/suretyBnd/c570_a-z.htm

Lexon Insurance Company (NAIC #13307)

BUSINESS ADDRESS: 10002 Shelbyville Rd, Suite 100, Louisville, KY 40223. PHONE: 615-553-9500. UNDERWRITING LIMITATION b/: \$5,251,000. SURETY LICENSES c/f/: AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, GU, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MP, MT, NE, NV, NJ, NM, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, VI, WA, WV, WI, WY. INCORPORATED IN: Texas.

Y

Date Checked: March 21, 2016

DMME/DMLR Office Files

	3. Face amount of bond
Y	Wording/Amount is correct and consistent. No strikeovers, white out, etc
N	Does not exceed 10% of the Surety Company's net worth (surplus) to policyholders.
	Does exceed 10% of company's net worth (surplus) to policyholders, but is covered by another form of surety.
	4. Name and Location
Y	The mine name is consistent with the permit application.
Y	The correct county (ies) is listed.
	5. Page No. 2
Y	The correct type of number (Permit Application Number or Permit Number) is checked. (Paragraphs 1 & 5)
Y	The correct number is listed in the space provided (Permit Application Number or Permit Number). (Paragraphs 1 & 5)
Y	The area where the bond will be in effect is described in the space provided (permit area, increment #, etc.) (Paragraph 4)
	6. Page No. 3
Y	The Company/Principal matches the information provided on page 1 of the form and the permit application.
Y	The Company/Principal official listed has the authority to sign the document.
Y	The title of the Company/Principal official is listed.
Y	The notarization information is correct. The correct person is listed as signing the document, the dates are consistent and the notary's commission has not expired. <i>Notary seal has been applied if signed outside Virginia.</i>
	7. Page No. 4
Y	The Surety Name matches the information provided on page 1 of the form and is consistent throughout the form. The Surety seal has been applied.
Y	The Attorney-in-Fact has the authority to sign the document. (See additional requirements on Page 5)
Y	The embossed notary seal is in place if the document was notarized outside Virginia.
Y	The notarization information is correct. The correct person is listed as signing the document, the dates and surety name is consistent. The correct state/county is listed and the notary's commission has not expired.

8. Power of Attorney (POA)	
Y	Person signing bond is shown on POA as agent/attorney-in-fact with authority to commit the surety company.
N	Does not contain any limitation on the amount of bond that can be written (Note any limitations on amount). \$5,000,000.00
Y	The POA has not been revoked. DMME/DMLR Office Files
Y	The date on the POA is consistent with the date the Attorney-in-Fact signed the bond on page 4.
Y	The correct surety seal is applied to the original POA.
Date Checked: March 21, 2016	

9. Page No. 5	
Y	The Insurance Agency is licensed to transact business in Virginia with SCC. https://cisiweb.scc.virginia.gov/z_container.aspx

03/21/16
10:47:46

LLCM3220 LLC DATA INQUIRY

LLC ID: **T040306** - 5 STATUS: 00 ACTIVE STATUS DATE: 04/17/

LLC NAME: **Acrisure, LLC**

DATE OF FILING: 04/17/2009 PERIOD OF DURATION: 99/99/9999 INDUSTRY CODE: 35

STATE OF FILING: MI MICHIGAN MERGER INDICATOR:

CONVERSION/DOMESTICATION INDICATOR:

P R I N C I P A L O F F I C E A D D R E S S

STREET: 5664 PRAIRIE CREEK DR

CITY: CALEDONIA STATE: MI ZIP: 49316-0000

R E G I S T E R E D A G E N T I N F O R M A T I O N

R/A NAME: CORPORATION SERVICE COMPANY

STREET: BANK OF AMERICA CENTER, 16TH FLOOR

1111 EAST MAIN STREET RTN MAIL:

CITY: RICHMOND STATE: VA ZIP: 23219-0000

R/A STATUS: 5 ENTITY AUTHORIZ EFF DATE: 07/02/13 LOC: 216 RICHMOND CITY

YEAR	FEES	PENALTY	INTEREST	BALANCE
16	50.00			50.00

The **Agency** is licensed through the Virginia Bureau of Insurance and a copy of the license is attached. Verified using NAIC number on SCC interactive database at 804-371-9631 <http://www.scc.virginia.gov/boi/cons/index.aspx> (Property and Casualty)

Agency License Information

Name ACRISURE LLC
 Producer Status Active
 Address PO BOX 1788
 City GRAND RAPIDS
 State MI
 Zip 49501-1788
 Phone (800) 748-0351
 Toll
 Email dtavro@acrisure.com
 Website
 State of Residency Michigan
 Virginia License Number 126043

DMME/DMLR Office Files

Alias(s)

Name	Alias Type
CLG INSURANCE	Doing Business As
SMITH MANUS	Doing Business As
SMITH MANUS SURETY BONDS	Doing Business As
SMITH-MANUS	Doing Business As
THE CAMPBELL GROUP	Also Known As

License(s) Detail

License	License Status	Effective Date	Expiration Date*
Producer	Active	4/7/2009	
	Qualification	Status	Effective Date
	Health	Active	4/7/2009
	Life & Annuities	Active	4/7/2009
	Property & Casualty	Active	4/7/2009
Surplus Lines Broker	Active	1/31/2014	6/30/2016
	Qualification	Status	Effective Date
	Surplus Lines	Active	1/31/2014

Y

A copy of the **Agency** Appointment Card from the Virginia Bureau of Insurance is Attached. Verified using NAIC number on SCC interactive database at 804-371-9631 <http://www.scc.virginia.gov/boi/cons/index.aspx> (Property and Casualty)

N/A

The **Agent** is licensed through the Virginia Bureau of Insurance and a copy of the license is attached. Verified using NAIC number on SCC interactive database at 804-371-9631 <http://scc.virginia.gov/boi/cons/index.aspx> (Property and Casualty)

Agent License Information

Name BROOK THOMAS SMITH
City LOUISVILLE
State KY
Zip 40207
State of Residency Kentucky
Producer Status Active
Virginia License Number 640506
NPN (National Producer Number) 546897

DMME/DMLR Office File

License(s) Detail

License	License Status	Effective Date	Expiration Date*
Producer	Active	8/6/1997	
	Qualification	Status	Effective Date
	Property & Casualty	Active	8/6/1997

* If the Expiration Date field is blank, the license is perpetual and shall be effective from its date of issue, and shall remain in effect until surrendered, terminated, canceled, suspended, or revoked. Resident producer licenses are subject to termination when failing to meet Virginia Continuing Education requirements by November 30 of every even-numbered year. Nonresident producer licenses are subject to termination when the producer is no longer licensed in his/her home state or when failing to pay the statutorily required continuance fee by November 30 of every even-numbered year. Visit www.VirginiaInsuranceCE.com to pay the continuance fee and to review additional continuing education information.

Active Appointment Information

Appointment Type	Effective Date	Company Affiliation	Company Number
View Company Property & Casualty	2/27/2016	ACE AMERICAN INSURANCE COMPANY	22667
View Company Property & Casualty	2/27/2016	ACE PROPERTY AND CASUALTY INSURANCE COMPANY	20699
View Company Property & Casualty	12/26/2013	ALLIED WORLD INSURANCE COMPANY	22730
View Company Property & Casualty	12/26/2013	ALLIED WORLD SPECIALTY INSURANCE COMPANY	16624
View Company Property & Casualty	5/1/2013	ATLANTIC SPECIALTY INSURANCE COMPANY	27154
View Company Property & Casualty	6/23/2005	BOND SAFEGUARD INSURANCE COMPANY	27081
View Company Property & Casualty	3/24/2010	COLONIAL AMERICAN CASUALTY AND SURETY COMPANY	34347
View Company Property & Casualty	8/1/2006	CONTINENTAL HERITAGE INSURANCE COMPANY	39551
View Company Property & Casualty	6/16/2005	DEVELOPERS SURETY AND INDEMNITY COMPANY	12718
View Company Property & Casualty	8/1/2006	EVERGREEN NATIONAL INDEMNITY COMPANY	12750
View Company Property & Casualty	10/25/2013	FEDERAL INSURANCE COMPANY	20281
View Company Property & Casualty	3/24/2010	FIDELITY AND DEPOSIT COMPANY OF MARYLAND	39306
View Company Property & Casualty	2/27/2016	INDEMNITY INSURANCE COMPANY OF NORTH AMERICA	43575
View Company Property & Casualty	4/23/2013	IRONSHORE INDEMNITY INC.	23647
View Company Property & Casualty	7/9/2003	LEXON INSURANCE COMPANY	13307
View Company Property & Casualty	2/27/2016	WESTCHESTER FIRE INSURANCE COMPANY	10030
View Company Property & Casualty	6/11/2004	WESTERN SURETY COMPANY	13188
View Company Property & Casualty	3/24/2010	ZURICH AMERICAN INSURANCE COMPANY	16535

Y

NA

A copy of the **Agent's** Appointment Card from the Virginia Bureau of Insurance is Attached. Verified using NAIC number on SCC interactive database at 804-371-9631. <http://scc.virginia.gov/boi/cons/index.aspx> (Property and Casualty)

Y

The **Agency** telephone number is listed. 502-636-9191

10. Division Approval

Y

The designated DMLR official completed the bond approval information.

COMMENTS:



Permit No:	1102023
Bond Applied To:	Incements 1+3
Bond No:	1137431

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF MINES, MINERALS AND ENERGY
DIVISION OF MINED LAND RECLAMATION
P. O. DRAWER 900, BIG STONE GAP, VA 24219
TELEPHONE: (276) 523-8100

Department of Mines
Minerals and Energy

SEP 26 2018

SURETY BOND RIDER

Customer Assistance Center

X Increase Decrease New Bond Amount: \$ 2,680,600.00

TO be attached to a form as part of Surety Company Bond No. 1137431
written by Lexon Insurance Company as SURETY, on behalf
of Harold Keene Coal Company, Inc. as PRINCIPAL, in the sum of
Seven Hundred Ninety-Five Thousand and 00/100 (\$795,000.00) Dollars, in
favor of the **COMMONWEALTH of VIRGINIA, DIRECTOR, DIVISION OF MINED LAND**
RECLAMATION as OBLIGEE executed on March 8 20 16

WHEREAS, the OBLIGEE issued to the PRINCIPAL, Permit Number 1102023 dated on
September 5, 2008 pursuant to the application of the PRINCIPAL,

WHEREAS, said bond and rider shall cover any and all land affected or to be affected by the mining
operation under the above-mentioned permit and revisions and renewals since the date of the issuance of the
permit,

NOW, therefore, the amount of the bond is X increased by, decreased by
One Million Eight Hundred Eighty-Five Thousand Six Hundred and 00/100 (\$1,885,600.00) Dollars to a total sum of
Two Million Six Hundred Eighty Thousand Six Hundred and 00/100 (\$2,680,600.00) Dollars to cover the
additional/reduced cost of reclaiming all affected lands.

It is further agreed that all other terms and conditions of this bond shall remain unchanged.

SIGNED AND SEALED THIS 25th DAY OF September 20 18

Department of Mines
Minerals and Energy

SEP 26 2018

Customer Assistance Center

Permit No:	1102023
Bond No:	1137431

I. BY COMPANY/PRINCIPAL:

Harold Keene Coal Company, Inc. (SEAL) By: _____
Company /Principal

[Signature]
Company/Principal Official

Authorized Agent
Title

9/26/2018
Date

Subscribed and sworn/affirmed to before me by

Todd Tackett

this 26 day of September 20 18, in the State of KY

in the City/County of Lacey/Knot

Regina Ison
Notary Public Name (printed or typed)

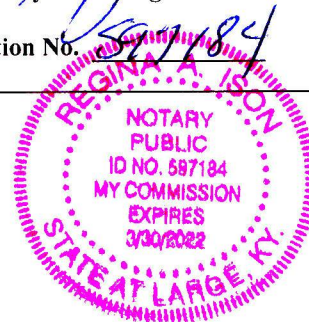
[Signature] (Seal)
Notary Public Signature

My Commission expires

03/30/2022

Registration No.

597184



Department of Mines
Metals and Energy

SEP 26 2018

Customer Assistance Center

¹ Pursuant to §47.1-15(3) of the Code of Virginia, as amended, the notarial certificate wording must be contained on the same page as the signature being notarized.

Permit No:	1102023
Bond No:	1137431

II. BY SURETY: Attach copy bearing seal of Power of Attorney or documentation supporting Corporate Officer's authority to issue surety bond.

Lexon Insurance Company
Surety Name

(SEAL) By:

Brook T. Smith
Attorney-in-Fact Signature

September 25, 2018

Date

Brook T. Smith

Typed Name

**AFFIDAVIT AND ACKNOWLEDGEMENT OF ATTORNEY-IN-FACT
COMMONWEALTH OF VIRGINIA**

(or, alternatively, Commonwealth or State of Kentucky

CITY/COUNTY OF Jefferson, to wit:

I, the undersigned notary public, do certify that Brook T. Smith

personally appeared before me in the jurisdiction aforesaid and made oath that he/she is the
attorney-in-fact of Lexon Insurance Company

the Surety, that he/she is duly authorized to execute on its behalf the foregoing Bond pursuant to the attached Power of Attorney, and on behalf of said Surety acknowledged the aforesaid Bond(s) as its act and deed.

Given under my hand this 25th day of September, 20 18

Sandra L. Fusinetti

Notary Public Name (printed or typed)

Sandra L. Fusinetti

Notary Public Signature

(SEAL)

My Commission expires: February 13, 2020

Registration No. 549253

Department of Mines
Minerals and Energy

SEP 26 2018

Customer Assistance Center

III. BY ISSUING AGENT:	1. Attach copy of Agency License and Appointment Card from the Virginia Bureau of Insurance. 2. Attach copy of Agent's License and Appointment Card from the Virginia Bureau of Insurance.
Insurance Agency Issuing Surety Bond (provide the following information):	
Agency name:	<u>Acrisure, LLC dba Smith Manus</u>
Agency address:	<u>2307 River Road, Suite 200, Louisville, KY 40206</u>
Authorized agent:	<u>Brook T. Smith</u>
Authorized agent address:	<u>2307 River Road, Suite 200, Louisville, KY 40206</u>
Office telephone number:	<u>502-636-9191</u>

IV. DIVISION APPROVAL:	
ACCEPTED: <u><i>Randy P. Casley</i></u> Division of Mined Land Reclamation	Date: <u>9/26/18</u>

Department of Mines
Minerals and Energy

SEP 26 2018

Customer Assistance Center

POWER OF ATTORNEY

LX- 11078

Lexon Insurance Company

KNOW ALL MEN BY THESE PRESENTS, that **LEXON INSURANCE COMPANY**, a Texas Corporation, with its statutory home office in Austin, Texas, does hereby constitute and appoint: Brook T. Smith, Raymond M. Hundley, Jason D. Cromwell, James H. Martin, Barbara Duncan, Sandra L. Fusinetti, Mark A. Guidry, Jill Kemp, Lynnette Long, Amy Meredith, Deborah Neichter, Theresa Pickerrell, Sheryon Quinn, Beth Frymire, Leigh McCarthy, Michael Dix, Susan Ritter its true and lawful Attorney(s)-In-Fact to make, execute, seal and deliver for, and on its behalf as surety, any and all bonds, undertakings or other writings obligatory in nature of a bond.

This authority is made under and by the authority of a resolution which was passed by the Board of Directors of **LEXON INSURANCE COMPANY** on the 1st day of July, 2003 as follows:

Resolved, that the President of the Company is hereby authorized to appoint and empower any representative of the Company or other person or persons as Attorney-In-Fact to execute on behalf of the Company any bonds, undertakings, policies, contracts of indemnity or other writings obligatory in nature of a bond not to exceed \$10,000,000.00 Ten Million Dollars, which the Company might execute through its duly elected officers, and affix the seal of the Company thereto. Any said execution of such documents by an Attorney-In-Fact shall be as binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company. Any Attorney-In-Fact, so appointed, may be removed for good cause and the authority so granted may be revoked as specified in the Power of Attorney.

Resolved, that the signature of the President and the seal of the Company may be affixed by facsimile on any power of attorney granted, and the signature of the Assistant Secretary, and the seal of the Company may be affixed by facsimile to any certificate of any such power and any such power or certificate bearing such facsimile signature and seal shall be valid and binding on the Company. Any such power so executed and sealed and certificate so executed and sealed shall, with respect to any bond of undertaking to which it is attached, continue to be valid and binding on the Company.

IN WITNESS THEREOF, **LEXON INSURANCE COMPANY** has caused this instrument to be signed by its President, and its Corporate Seal to be affixed this 22nd day of June, 2018.



Doc. Noted & Filed
Notary and Clerk

SEP 26 2018

Customer Release Order

LEXON INSURANCE COMPANY

BY

Brian Beggs
President

ACKNOWLEDGEMENT

On this 22nd day of June, 2018, before me, personally came Brian Beggs to me known, who be duly sworn, did depose and say that he is the President of **LEXON INSURANCE COMPANY**, the corporation described in and which executed the above instrument; that he executed said instrument on behalf of the corporation by authority of his office under the By-laws of said corporation.



AMY TAYLOR
Notary Public- State of Tennessee
Davidson County
My Commission Expires 07-08-19

BY

Amy Taylor
Notary Public

CERTIFICATE

I, the undersigned, Assistant Secretary of **LEXON INSURANCE COMPANY**, A Texas Insurance Company, DO HEREBY CERTIFY that the original Power of Attorney of which the forgoing is a true and correct copy, is in full force and effect and has not been revoked and the resolutions as set forth are now in force.

Signed and Seal at Mount Juliet, Tennessee this 25th Day of September 2018.



BY

Andrew Smith
Assistant Secretary

"WARNING: Any person who knowingly and with intent to defraud any insurance company or other person, files and application for insurance of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties."

Department of Mines
Minerals and Energy

SEP 26 2018

Customer Assistance Center
ACRISURE

8/1/2014

RE: Consolidation of SMA Surety, Inc. (Smith Manus) to Acrisure, LLC ("Acrisure")

Greetings,

Over the last couple of years, Acrisure has acquired majority ownership in a number of agencies across the country. It is a unique model, in that operational control and branding remain with the respective agencies after the acquisition occurs. We are proud to announce that on August 1, 2014 Acrisure acquired SMA Surety, Inc.

What this change means for you:

What's changing: SMA Surety, Inc. will now use Acrisure, LLC's tax identification number and license(s). All contracts should be in the name of Acrisure. If a contract is already in place for Acrisure, Smith Manus's code should be re-assigned under Acrisure's master code.

What's not changing: SMA Surety, Inc. (Smith Manus) operations will essentially remain the same and will continue to do business under the existing name. All policies, bonds, forms, POAs, seals, reports and correspondence should remain in the Smith Manus name.

Prior to August 1, 2014		After August 1, 2014
SMA Surety, Inc.	Legal Name	Acrisure, LLC
<ul style="list-style-type: none"> • Smith Manus • Smith-Manus • Smith Manus Surety Bonds • SMA Surety 	Operating Name	<ul style="list-style-type: none"> • Smith Manus • Smith-Manus • Smith Manus Surety Bonds • SMA Surety
61-1372649	FEIN	26-3554645
2307 River Rd Suite 200 Louisville, KY 40206	Address	2307 River Rd Suite 200 Louisville, KY 40206

Thank you for your cooperation in this matter. If you have further questions, or need to have additional paperwork, please contact Trish Partin at 800-748-0351, extension 418 or email at tpartin@acrisure.com.

We are very excited and optimistic about the opportunities that lie ahead, and look forward to growing with our insurance and surety partners.

Regards,

Brook T. Smith
President
SMA Surety, Inc.

Andrew Schutt
VP of Sales
Acrisure, LLC

Compliance Express™

Page 1 of 2



COMMONWEALTH OF
VIRGINIA
BUREAU OF INSURANCE

JACQUELINE K. CUNNINGHAM
COMMISSIONER OF INSURANCE
STATE CORPORATION
COMMISSION
BUREAU OF INSURANCE
P.O. BOX 1157
RICHMOND, VIRGINIA 23218
TELEPHONE: (804) 371-9631
TDD/VOICE: (804) 371-9206
www.scc.virginia.gov/boi

Licensees shall report to the Bureau within 30 days any change in residence at www.scc.virginia.gov/boi/online.aspx

A producer licensee is entitled to be appointed as an agent to transact the business of insurance on behalf of Virginia licensed insurers pursuant to Title 38.2 of the Code of Virginia.

This license is perpetual and is in effect from its issue date unless surrendered, terminated, suspended, revoked or an expiration date is noted.

Nonresidents only: This license is limited to the authority granted by the licensee's home state.

Producer

Health , Life & Annuities , Property & Casualty

ACRISURE LLC

PO BOX 1788

GRAND RAPIDS , MI 49501-1788


is authorized to transact business as described above

License No: 126043

Issue Date: 04-07-2009

Expiration Date:

Generated by Sircon 91663653

<p>COMMONWEALTH OF VIRGINIA BUREAU OF INSURANCE THIS IS TO CERTIFY THAT</p> <p>ACRISURE LLC PO BOX 1788 , GRAND RAPIDS , MI 49501-1788</p> <p>LICENSE NUMBER: 126043</p>	<p></p> <p>IS HEREBY AUTHORIZED TO TRANSACT BUSINESS IN ACCORDANCE TO THE LICENSE DESCRIPTION SHOWN BELOW:</p> <p>Producer Health , Life & Annuities , Property & Casualty</p> <p>Issue Date: 04-07-2009 Generated by Sircon 91663653 Expiration Date:</p>
---	--

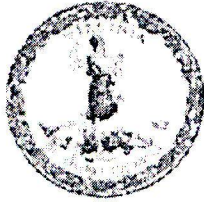
Department of Mines
Minerals and Energy

SEP 26 2018

Customer Assistance Center

Compliance Express™

Page 1 of 1



COMMONWEALTH OF
VIRGINIA
BUREAU OF INSURANCE

JACQUELINE K. CUNNINGHAM
COMMISSIONER OF INSURANCE
STATE CORPORATION
COMMISSION
BUREAU OF INSURANCE
P.O. BOX 1157
RICHMOND, VIRGINIA 23218
TELEPHONE: (804) 371-9631
TDD/VOICE: (804) 371-9206
www.scc.virginia.gov/boi

Licensees shall report to the Bureau within 30 days any change in residence at www.scc.virginia.gov/boi/online.aspx

A producer licensee is entitled to be appointed as an agent to transact the business of insurance on behalf of Virginia licensed insurers pursuant to Title 38.2 of the Code of Virginia.

This license is perpetual and is in effect from its issue date unless surrendered, terminated, suspended, revoked or an expiration date is noted.

Nonresidents only: This license is limited to the authority granted by the licensee's home state.

Producer
Property & Casualty
BROOK THOMAS SMITH
19 POPLAR HILL RD
LOUISVILLE, KY 40207

Department of Mines
Minerals and Energy

SEP 26 2018

Customer Assistance Center

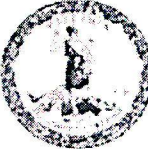
is authorized to transact business as described above

License No: 640506

Issue Date: 08-06-1997

Expiration Date:


Generated by Sircon 96073635

<p>COMMONWEALTH OF VIRGINIA BUREAU OF INSURANCE THIS IS TO CERTIFY THAT</p> <p>BROOK THOMAS SMITH 19 POPLAR HILL RD, LOUISVILLE, KY 40207</p> <p>LICENSE NUMBER: 640506</p>	<p></p> <p>IS HEREBY AUTHORIZED TO TRANSACT BUSINESS IN ACCORDANCE TO THE LICENSE DESCRIPTION SHOWN BELOW:</p> <p>Producer Property & Casualty</p> <p>Issue Date: 08-06-1997 Generated by Sircon 96073635 Expiration Date:</p>
--	--

SEP 26 2018

SURETY BOND INCREASE/DECREASE RIDER APPROVAL

CHECKLIST

APPLICANT:	Harold Keene Coal Company, Inc.	Permit Number:	1102023		Application Number	1010404
REVIEW DATE:	09/26/18	Bond Number:	1137431	x	Increase Rider?	
					Decrease Rider?	
REVIEWER:	Conner Stanley	Reviewer's Signature: 				
SURETY:	Lexon Insurance Company					
AGENT:	Brook T. Smith 2307 River Road Suite 200 Louisville, KY. 40206 502-636-9191		AGENCY: Acrisure, LLC dba Smith Manus 2307 River Road Suite 200 Louisville, KY. 40206 137431			

The following requirements have been met as indicated:

1. Page No. 1 Paragraph 1	
Yes	The appropriate box is checked to designate if the bond is an Increase or Decrease Rider.
Yes	The New Bond Amount is listed correctly.
Yes	The Surety Company Bond Number is listed correctly and is consistent on each page and with DMLR records.
Yes	The Permit Number is listed correctly on each page.
Yes	The correct surety bond form has been submitted (DMLR-PT-013B REV 08/07)
Yes	The surety company listed is consistent throughout the document. (See additional surety company verifications below).
Yes	The company/principal name matches the permit application and is consistent throughout the document.
Yes	Wording/Amount is correct and consistent. No strikeouts, white out, etc
Yes	The date reflects the date of the last bonding transaction by the Surety as listed on the bond or rider.
2. Page No. 1 Paragraph 2	
Yes	The permit number listed is correct and consistent through out the rider.
Yes	The date listed is consistent with the date DMLR records list as the permit issuance date.
3. Page No. 1 Paragraph 4	
Yes	The appropriate box is checked to designate if the bond is an Increase or Decrease Rider.
Yes	Wording/Amount of the increase or decrease is correct and consistent. No strikeouts, white out, etc

Yes	Wording/Amount of the total sum is correct and consistent. No strikeovers, white out, etc																				
Yes	Does not exceed 10% of the Surety Company's net worth (surplus) to policyholders.																				
No	Does exceed 10% of company's net worth (surplus) to policyholders, but is covered by another form of surety.																				
4. Page No. 1 Paragraph 6																					
Yes	The date listed is consistent with the dates shown in Item II-page 3, the notarization date on page 3 and the POA.																				
5. The Surety Company																					
Yes	<p>The Company is licensed to transact fidelity and surety business in the Commonwealth of Virginia. (SCC's Bureau of Insurance 804-371-9186—Henry Harris) http://www.scc.virginia.gov/boi/cons/co_info.aspx.</p> <p style="text-align: center;">State Corporation Commission - Bureau of Insurance Financial Regulation 2017 Financial Data for Domestic Property and Casualty Insurers</p> <table border="1"> <thead> <tr> <th>Com- pany No.</th> <th>Company Name</th> <th>Admitted Assets</th> <th>Liabilities</th> <th>Surplus</th> <th>Net Premiums Written</th> <th>Premiums Earned</th> <th>Losses Incurred</th> <th>Loss Expenses Incurred</th> <th>Net U/W Gain</th> </tr> </thead> <tbody> <tr> <td>13307</td> <td>Lexon Ins Co</td> <td>244,457,980</td> <td>176,410,698</td> <td>68,047,282</td> <td>70,453,956</td> <td>70,685,656</td> <td>11,780,871</td> <td>4,383,905</td> <td>2,502,025</td> </tr> </tbody> </table>	Com- pany No.	Company Name	Admitted Assets	Liabilities	Surplus	Net Premiums Written	Premiums Earned	Losses Incurred	Loss Expenses Incurred	Net U/W Gain	13307	Lexon Ins Co	244,457,980	176,410,698	68,047,282	70,453,956	70,685,656	11,780,871	4,383,905	2,502,025
Com- pany No.	Company Name	Admitted Assets	Liabilities	Surplus	Net Premiums Written	Premiums Earned	Losses Incurred	Loss Expenses Incurred	Net U/W Gain												
13307	Lexon Ins Co	244,457,980	176,410,698	68,047,282	70,453,956	70,685,656	11,780,871	4,383,905	2,502,025												
Yes	Surety name is identical to name appearing in the SCC's Fidelity & Surety Report.																				
Yes	The Surety has a minimum of \$4 million in net worth (surplus).																				
Yes	<p>Company is listed on the US Dept of Treasury Circular 570. https://www.fiscal.treasury.gov/fsreports/ref/suretyBnd/c570_a-z.htm</p> <p>Lexon Insurance Company (NAIC #13307) BUSINESS ADDRESS: 10002 Shelbyville Rd, Suite 100, Louisville, KY 40223. PHONE: (615) 553-9500. UNDERWRITING LIMITATION b/: \$6,805,000. SURETY LICENSES c,f/: AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, GU, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MP, MT, NE, NV, NJ, NM, NC, N OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY. INCORPORATED IN: Texas.</p>																				
CDS	Date Checked: 09/26/18																				
6. Page No. 2 I. BY COMPANY/PRINCIPLE																					
Yes	The Company/Principal matches the information provided on page 1 of the form and the permit application.																				
Yes	The Company/Principal official listed has the authority to sign the document.																				
Yes	The title of the Company/Principal official is listed.																				
Yes	The notarization information is correct. The correct person is listed as signing the document, the dates are consistent and the notary's commission has not expired.																				
7. Page No. 2 II. BY SURETY:																					
Yes	The Surety Name matches the information provided on page 1 of the form and is consistent throughout the form. The Surety seal has been applied.																				

Yes	The Attorney-in-Fact has the authority to sign the document. (See additional requirements on Page 3)
8. Page No. 3 AFFIDAVIT AND ACKNOWLEDGEMENT OF ATTORNEY-IN-FACT:	
Yes	The notarization information is correct. The correct person is listed as signing the document, the dates and surety name is consistent. The correct state/county is listed and the notary's commission has not expired.
Yes	The embossed notary seal is in place if the document was notarized outside Virginia.

9. Page No. 3 III. BY ISSUING AGENT:

The Insurance **Agency** is licensed to transact business in Virginia with SCC.

https://cisiweb.scc.virginia.gov/z_container.aspx



**SCC
Clerk's
Information
System**

[Help](#)

[Print](#)

[Signoff](#)

LLCM3220

LLC DATA INQUIRY

09/26/18

11:45:16

LLC ID: 0040306

- 5 STATUS: 00 ACTIVE

STATUS DATE: 04/17/09

LLC NAME: Acrisure, LLC

DATE OF FILING: 04/17/2009 PERIOD OF DURATION: 99/99/9999 INDUSTRY CODE: 35

STATE OF FILING: MI MICHIGAN

MERGER INDICATOR:

CONVERSION/DOMESTICATION INDICATOR:

PRINCIPAL OFFICE ADDRESS

STREET: 5664 PRAIRIE CREEK DR

CITY: CALEDONIA

STATE: MI ZIP: 49316-0000

REGISTERED AGENT INFORMATION

R/A NAME: CORPORATION SERVICE COMPANY

STREET: 100 SHOCKOE SLIP

2ND FLOOR

RTN MAIL:

CITY: RICHMOND

STATE: VA ZIP: 23219-0000

R/A STATUS: 5 ENTITY AUTHORIZ EFF DATE: 01/01/18 LOC: 216 RICHMOND CITY

YEAR

FEES

PENALTY

INTEREST

BALANCE

18

50.00

Yes

The **Agency** is licensed through the Virginia Bureau of Insurance and a copy of the license is attached. Verified using NAIC number on SCC interactive database at 804-371-9631

<http://www.scc.virginia.gov/boi/ConsumerInquiry/Search.aspx?searchType=agency> (Property and Casualty)

Bureau of Insurance

Producer Details

[Back](#)

Agency License Information

Name ACRISURE LLC
 Producer Status Active
 Address PO BOX 1788
 City GRAND RAPIDS
 State MI
 Zip 49501-1788
 Phone (800) 748-0351
 Toll
 Email blinsur@cscglobal.com
 Website
 State of Residency Michigan
 Virginia License Number 126043
 NPN (National Producer Number) 12259059

Alias(s)

Name	Alias Type
CLG INSURANCE	Doing Business As
RRL INSURANCE AGENCY	Doing Business As
SMITH MANUS	Doing Business As
SMITH MANUS SURETY BONDS	Doing Business As
SMITH-MANUS	Doing Business As
THE CAMPBELL GROUP	Also Known As

License(s) Detail

License	License Status	Effective Date	Expiration Date*
Producer	Active	4/7/2009	
	Qualification	Status	Effective Date
	Health	Active	4/7/2009
	Life & Annuities	Active	4/7/2009
	Property & Casualty	Active	4/7/2009
Surplus Lines Broker	Active	1/31/2014	6/30/2019
	Qualification	Status	Effective Date
	Surplus Lines	Active	1/31/2014

Active Appointment Information

Appointment Type	Effective Date	Company Affiliation	Company Number
View Company Property & Casualty	9/9/2014	LEXON INSURANCE COMPANY	13307

Yes

Yes

A copy of the **Agency** Appointment Card from the Virginia Bureau of Insurance is Attached. Verified using NAIC number on SCC interactive database at 804-371-9631. <http://www.scc.virginia.gov/boi/index.aspx> (Property and Casualty)

The **Agent** is licensed through the Virginia Bureau of Insurance and a copy of the license is attached. Verified using NAIC number on SCC interactive database at 804-371-9631. <http://www.scc.virginia.gov/boi/index.aspx> (Property and Casualty)

Bureau of Insurance				
Producer Details				
Back				
Agent License Information				
Name	BROOK THOMAS SMITH			
City	LOUISVILLE			
State	KY			
Zip	40207			
State of Residency	Kentucky			
Producer Status	Active			
Virginia License Number	640506			
NPN (National Producer Number)	546897			
License(s) Detail				
License	License Status	Effective Date	Expiration Date*	
Producer	Active	8/6/1997		
	Qualification	Status	Effective Date	
	Property & Casualty	Active	8/6/1997	
Active Appointment Information				
	Appointment Type	Effective Date	Company Affiliation	Company Number
View Company	Property & Casualty	7/9/2003	LEXON INSURANCE COMPANY	13307

Yes

Yes

A copy of the **Agent's** Appointment Card from the Virginia Bureau of Insurance is Attached. Verified using NAIC number on SCC interactive database at 804-371-9631. <http://www.scc.virginia.gov/boi/index.aspx> (Property and Casualty)

Yes

The **Agency** telephone number is listed.

10. Power of Attorney (POA)

Yes

Person signing bond is shown on POA as agent/attorney-in-fact with authority to commit the surety company.

No

Does not contain any limitation on the amount of bond that can be written (Note any limitations on amount).
\$10,000,000.00

Yes

The date on the POA is consistent with the date the Attorney-in-Fact signed the bond on page 2.

Yes

The correct surety seal is applied to the original POA.

CDS

Date Checked: 09/26/18

11. Division Approval

Yes

The designated DMLR official completed the bond approval information.

CDS

COMMENTS: OK to receipt